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PTO/SB/21 (09-06)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number 10/099,912-Conf. #3592 Filing Date March 14, 2002 First Named Inventor John H. Oates Art Unit 2637 Examiner Name S. Vlahos Attorney Docket Number 102323-0100

ENCLOSURES (Check all that apply)						
X Fee Transmittal Form	Drawing(s)		After Allowance Communication to TC			
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
X Amendment/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application		Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Ac		Status Letter			
Extension of Time Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):			
Express Abandonment Request	Request for Refund		Return Receipt Postcard			
X Information Disclosure Statement	CD, Number of CD(s)					
Certified Copy of Priority Document(s)	Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application	Remarks					
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name NUTTER MCCLENS	IEN AFISH LLP	·	**************************************			
Signature //	11	_				
Printed name Reza/Mollaaghababa	a					
Date February 28, 2007	R	eg. No.	43,810			

the date sho	ify that this paper (along w wn below with sufficient po /A 22313-1450.	ith any paper referred to as b	ransmittal eing attached or enclosed an envelope addressed to	f) is being deposited with the U.S. Postal Service on : Commissioner for Patents, P.O. Box 1450,
Dated: Febr	uary 28, 2007	Signature:	$/\sim$	(David J. Powsner)

PTO/SB/17 (07-06)

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For FY 2006

Complete if Known 10/099,912-Conf. #3592 Application Number March 14, 2002 Filing Date First Named Inventor John H. Oates Examiner Name S. Vlahos

Applicant claims small	entity status. S	ee 37 CFR 1.23	7	Art Unit		2637		
TOTAL AMOUNT OF PAY	MENT (\$) 200.00		Attomey Docket	No.	102323-0100		
METHOD OF PAYMEN	「(check all th	at apply)						
Check Credit C	ard M	oney Order	Nor	oe Other (please ide	ntify):		
x Deposit Account Depos	sit Account Numbe	er: 141449 c	Deposit Acc	ount Name:	Nutte	er McClennen &	Fish LLP	
For the above-identi	fied deposit a	ccount, the D	irector is	hereby authorize	d to: (che	eck all that apply)	
Charge fee(s)	indicated belo	ow		Charge	e fee(s) ir	ndicated below, e	xcept for th	e filing fee
X Charge any ac fee(s) under 3			ments o	x Credit	any over	payments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	-							
		FEES Small Entity	SE	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity	;	
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)		Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	***	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							_	Small Entity
Fee Description Each claim over 20 (includi	na Daisausa)						Fee (\$)	<u>Fee (\$)</u>
Each independent claim over	- ,	g Reissnes)					50	25
Multiple dependent claims	or 5 (merading	g (Keissues)					200 360	100 180
Total Claims Extra	Claims Fr	ee (\$)	Fee F	aid (\$)		lultiple Depend		100
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HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra		ee (\$)		aid (\$)				_
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3. APPLICATION SIZE FEE If the specification and dra		1 100 chaats o	fnonar	(avaludina alaate	onicalle f			
listings under 37 CFR 1	1.52(e)), the a	pplication siz	e fee du	e is \$250 (\$125 f	or small	ned sequence of entity) for each a	dditional 50	
sheets or fraction thereo	of. See 35 U.	S.C. 41(a)(1)	(G) and	37 CFR 1.16(s).				
	tra Sheets		of each a	dditional 50 or frac	tion there	of Fee (\$)	Fee P	aid (\$)
- 100 =		/50		(round up to a who	le number)) x		
4. OTHER FEE(S)	an \$120 foo	(no small an		4)			Fees F	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):								
<u> </u>	renarge).							
SUBMITTED BY //		1-1		Registration No.				
Signature	/_			(Attorney/Agent)	43,810	Telephone	(617) 439	-2000
Name (Print/Type) Reza Mol	laaghababa					Date	February 2	8, 2007

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I hereby certify that this paper (along with any paper referred to the date shown below with sufficient postage as First Class Mail Alexandria, VA 22313-1450. Dated: February 28, 2007 Signature:	er Transmittal Deing attached or enclosed) is being deposited with the U.S. Postal Son an envelope addressed to: Commissioner for Patents, P.O. Box 145	ervice on 0,
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